

**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number <b>UV 7567</b>	2. Fiscal Year Covered From: <b>01 / 01 / 2004</b> Through <b>12 / 31 / 2004</b>
3. Name and address of person filing.	
Name <b>EDUARDO VALERO</b>	4. Name, file number, and address of labor organization.
P.O. Box, Bldg., Room No., if any	Name <b>Teamsters Local Union No. 769</b>
Street <b>12365 WEST DIXIE HIGHWAY</b>	Labor Organization File Number <b>061184</b>
City <b>NORTH, MIAMI</b>	P.O. Box, Building and Room Number, if any
State <b>Florida</b>	Street <b>12365 WEST DIXIE HIGHWAY</b>
ZIP Code + 4 <b>33161</b>	City <b>NORTH, MIAMI</b>
State <b>Florida</b>	ZIP Code + 4 <b>33161</b>
5. Position in labor organization. <b>Business Representative</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of interest, Transaction, or Income.
Name	
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State <b>Florida</b>	ZIP Code + 4
7.b. Amount.	

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the Instructions.)		
Signed	On <b>8/10/05</b>	Date
		Telephone Number <b>786-473-8277</b>

Trade Name, if any: <input type="text" value="Sugarman &amp; Susskind"/>	
P.O. Box, Bldg., Room No., if any: <input type="text"/>	
Street: <input type="text" value="2801 Ponce De Leon Blvd., Suite 750"/>	11.b. Approximate dollar value of such dealing: <input type="text" value="\$50"/>
City: <input type="text" value="Coral Gables"/>	12.a. Nature of interest held or income received: <input type="text"/>
State: <input type="text" value="Florida"/> ZIP Code + 4: <input type="text" value="33134"/>	12.b. Amount: <input type="text"/>
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any):  Name: <input type="text"/> City: <input type="text"/> State: <input type="text"/> ZIP Code + 4: <input type="text"/>  13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.a. Nature of payment: <input type="text"/>  <input type="text"/>
14.b. Amount of payment: <input type="text"/>	

**Part A Continuation Page**

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

## 6. Name and address of Employer (including trade name if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  Florida ZIP Code + 4 

## 7.a. Nature of Interest, Transaction, or Income.

<input type="text"/>
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## 7.b. Amount.

<input type="text"/>
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A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

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## 7.a. Nature of Interest, Transaction, or Income.

<input type="text"/>
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## 7.b. Amount.

<input type="text"/> \$0
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## 7.a. Nature of Interest, Transaction, or Income.

<input type="text"/>
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## 7.b. Amount.

<input type="text"/>
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